

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	12a	633	
b	Add Schedule 2, line 3, and line 12a and enter the total			12b 633
13a	Child tax credit or credit for other dependents	13a		
b	Add Schedule 3, line 7, and line 13a and enter the total			13b 633
14	Subtract line 13b from line 12b. If zero or less, enter -0-			14 0
15	Other taxes, including self-employment tax, from Schedule 2, line 10			15 0
16	Add lines 14 and 15. This is your total tax			16 0
17	Federal income tax withheld from Forms W-2 and 1099			17 250
18	Other payments and refundable credits:			
a	Earned income credit (EIC)	18a	2624	
b	Additional child tax credit. Attach Schedule 8812	18b	1400	
c	American opportunity credit from Form 8863, line 8	18c		
d	Schedule 3, line 14	18d		
e	Add lines 18a through 18d. These are your total other payments and refundable credits			18e 4024
19	Add lines 17 and 18e. These are your total payments			19 4274

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Refund

20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid			20 4274																
21a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>			21a 4274																
b	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X									
X	X	X	X	X	X	X	X	X	X											
d	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
22	Amount of line 20 you want applied to your 2020 estimated tax	22																		

Amount You Owe

23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions			23
24	Estimated tax penalty (see instructions)	24		

Third Party Designee

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. Yes. Complete below. No

(Other than paid preparer) Designee's name Phone no. Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	01/14/20	WAITRESS	<input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
			<input type="text"/>

Phone no. (608) 965-6889 Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
			S53215221	<input type="checkbox"/> 3rd Party Designee
Firm's name PRACTICE LAB	Phone no. 202-202-2022		<input type="checkbox"/> Self-employed	
Firm's address 15 PRACTICE LAB WAY WASHINGTON DC 20005	Firm's EIN -			

For the year Jan. 1-Dec. 31, 2019, or other tax year

Check here if an amended return beginning _____, 2019 ending _____, 20____.

Note
 DO NOT STAPLE
 See page 5 before assembling return

Your legal last name WHITE	Legal first name LILY	M.I.	Your social security number 119 00 2222
If a joint return, spouse's legal last name	Spouse's legal first name	M.I.	Spouse's social security number
Home address (number and street). If you have a PO Box, see page 11. 1012 MADISON STREET		Apt. no.	Tax district Check below then fill in either the name of the city, village, or town and the county in which you lived at the end of 2019. <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town City, village, or town MADISON
City or post office MADISON	State WI	Zip code 53704	
Filing status Check <input checked="" type="checkbox"/> below <input type="checkbox"/> Single <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separate return. Fill in spouse's SSN above and full name here			County of ROCK School district number See page 60 3269
<input checked="" type="checkbox"/> Head of household (see page 12). Also, check here if married... <input type="checkbox"/> If married, fill in spouse's SSN above and full name here			
Legal last name Legal first name M.I.			Special conditions <input type="checkbox"/>

Use **BLACK Ink** ● Print numbers like this → 0 1 2 3 4 5 6 7 8 9 Not like this → Ø 1 4 7 ● **NO COMMAS; NO CENTS**

1	Federal adjusted gross income (see page 12)	1	24685 .00
	Form W-2 wages included in line 1		22500.00
2	State and municipal interest (see page 13)	2	.00
3	Capital gain/loss addition (see page 14)	3	.00
4	Other additions } Fill in code number and amount, see page 14. } Fill in total other additions on line 4.		.00
	_____ .00 _____ .00 _____ .00 _____ .00 ...	4	.00
5	Add the amounts in the right column for lines 1 through 4	5	24685 .00
6	Taxable refund of state income tax (from federal Form 1040 or 1040-SR, Schedule 1 , line 1)	6	.00
7	United States government interest	7	.00
8	Unemployment compensation (see page 16)	8	.00
9	Social security adjustment (see page 17)	9	.00
10	Capital gain/loss subtraction (see page 17)	10	.00
11	Other subtractions } Fill in code number and amount, see page 18. } Fill in total other subtractions on line 11.		
	<u>28</u> <u>3000</u> .00 _____ .00 _____ .00		
	_____ .00 _____ .00	11	3000 .00
12	Add lines 6 through 11	12	3000 .00
13	Subtract line 12 from line 5. This is your Wisconsin income	13	21685 .00

PAPER CLIP payment here



NO COMMAS; NO CENTS

14	Wisconsin income from line 13	14	21685.00
15	Standard deduction. See table on page 58, OR <input type="checkbox"/> If someone else can claim you (or your spouse) as a dependent, see page 32 and check here <input type="checkbox"/>	15	12659.00
16	Subtract line 15 from line 14. If line 15 is larger than line 14, fill in 0	16	9026.00
17	Exemptions (Caution: See page 32)		
a	Fill in exemptions allowed <u>2</u> x \$700	17a	1400.00
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <u> </u> x \$250	17b	.00
c	Add lines 17a and 17b	17c	1400.00
18	Subtract line 17c from line 16. If line 17c is larger than line 16, fill in 0. This is taxable income	18	7626.00
19	Tax (see table on page 51)	19	295.00
20	Itemized deduction credit. Enclose Schedule 1, page 4	20	.00
21	Armed forces member credit (must be stationed outside U.S. See page 34)	21	.00
22	School property tax credit		
a	Rent paid in 2019—heat included <u>6300.00</u> } Find credit from table page 36	22a	152.00
	Rent paid in 2019—heat not included <u>.00</u> }		
b	Property taxes paid on home in 2019 <u>.00</u> Find credit from table page 37	22b	.00
23	Working families tax credit (see page 37)	23	.00
24	Married in couple credit. Enclose Schedule 2, page 4	24	.00
25	Nonrefundable credits from line 34 of Schedule CR	25	.00
26	Net income tax paid to another state. Enclose Schedule OS ... <input type="checkbox"/>	26	.00
27	Add lines 20 through 26	27	152.00
28	Subtract line 27 from line 19. If line 27 is larger than line 19, fill in 0. This is your net tax	28	143.00
29	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 40) If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/>	29	.00
30	Donations (decreases refund or increases amount owed)		
a	Endangered resources <u>.00</u>	e	Military family relief <u>.00</u>
b	Cancer research <u>.00</u>	f	Second Harvest/Feeding Amer. <u>.00</u>
c	Veterans trust fund <u>.00</u>	g	Red Cross WI Disaster Relief <u>.00</u>
d	Multiple sclerosis <u>.00</u>	h	Special Olympics Wisconsin <u>.00</u>
	Total (add lines a through h)	30i	.00
31	Penalties on IRAs, retirement plans, MSAs, etc. (see page 42) <u>.00</u> x .33 =	31	.00
32	Other penalties (see page 42)	32	.00
33	Add lines 28, 29, 30i, 31 and 32	33	143.00
34	Wisconsin tax withheld. Enclose withholding statements	34	550.00
35	2019 estimated tax payments and amount applied from 2018 return	35	.00
36	Earned income credit. Number of qualifying children <input checked="" type="checkbox"/> <u>1</u> Federal credit ... <u>2624</u> .00 x <u>4</u> % =	36	105.00



Name(s) shown on Form 1 LILY WHITE		Your social security number 119 00 2222
NO COMMAS; NO CENTS		
37 Farmland preservation credit. a Schedule FC, line 17 37a	.00	
b Schedule FC-A, line 13 37b	.00	
38 Repayment credit (see page 44) 38	.00	
39 Homestead credit. Enclose Schedule H or H-EZ. 39	84.00	
40 Eligible veterans and surviving spouses property tax credit . . . 40	.00	
41 Refundable credits from Schedule CR, line 40. Enclose Schedule CR 41	.00	
42 AMENDED RETURN ONLY—Amounts previously paid (see page 47) 42	.00	
43 Add lines 34 through 42 43	739.00	
44 AMENDED RETURN ONLY—Amounts previously refunded (see page 47) 44	.00	
45 Subtract line 44 from line 43 45	739.00	
46 If line 45 is larger than line 33, subtract line 33 from line 45. This is the AMOUNT YOU OVERPAID 46	596.00	
47 Amount of line 46 you want REFUNDED TO YOU 47	596.00	
48 Amount of line 46 you want APPLIED TO YOUR 2020 ESTIMATED TAX 48	.00	
49 If line 45 is smaller than line 33, subtract line 45 from line 33. This is the AMOUNT YOU OWE . Paper clip payment to front of return 49	.00	
50 Underpayment interest. Fill in exception code—See Sch. U _____ 50 Also include on line 49 (see page 49)	.00	

Third Party Designee Do you want to allow another person to discuss this return with the department (see page 50)? **Yes** Complete the following. **No**

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶				
		<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> </tr> </table>				

Paper clip copies of your federal income tax return and schedules to this return. Assemble your return (pages 1-4) and withholding statements in the order listed on page 5.

Sign here

▼ *Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.*

Your signature	Spouse's signature (if filing jointly, BOTH must sign)	Date	Daytime phone
		01 14 20	(608) 965-6889

I-010ai

Mail your return to: Wisconsin Department of Revenue
If tax duePO Box 268, Madison WI 53790-0001
If refund or no tax due.....PO Box 59, Madison WI 53785-0001
If homestead credit claimed.....PO Box 34, Madison WI 53786-0001

Do Not Submit Photocopies



Schedule 1 – Itemized Deduction Credit (see page 33)

1	Medical and dental expenses from federal Schedule A (Form 1040 or 1040-SR). See instructions for exceptions.	1	<u>.00</u>
2	Interest paid from federal Schedule A (Form 1040 or 1040-SR). Do not include interest paid to purchase a second home located outside Wisconsin or a residence which is a boat. Also, do not include interest paid to purchase or hold U.S. government securities and interest from a tax-option (S) corporation if claimed as a subtraction	2	<u>.00</u>
3	Gifts to charity from federal Schedule A (Form 1040 or 1040-SR). See instructions for exceptions	3	<u>.00</u>
4	Casualty losses from federal Schedule A (Form 1040 or 1040-SR).	4	<u>.00</u>
5	Add lines 1 through 4	5	<u>.00</u>
6	Fill in your standard deduction from line 15 on page 2 of Form 1	6	<u>.00</u>
7	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0.	7	<u>.00</u>
8	Rate of credit is .05 (5%)	8	<u>x .05</u>
9	Multiply line 7 by line 8. Fill in here and on line 20 on page 2 of Form 1	9	<u>.00</u>

▶ **You must submit this page with Form 1 if you claim either of these credits** ◀

Schedule 2 – Married Couple Credit When Both Spouses Are Employed (see page 38)

When completing this schedule, be sure to fill in your income in column (A) and your spouse's income in column (B)

	(A) YOURSELF	(B) SPOUSE
1	Taxable wages, salaries, tips, and other employee compensation. Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income 1	<u>.00</u>
2	Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040 or 1040-SR), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income 2	<u>.00</u>
3	Combine lines 1 and 2. This is earned income. 3	<u>.00</u>
4	Add the amounts from federal Form 1040 or 1040-SR, Schedule 1 , lines 11, 15, and 19, plus repayment of supplemental unemployment benefits, and contributions to secs. 403(b) and 501(c)(18)(D) pension plans, included in line 22, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to you or your spouse's income. 4	<u>.00</u>
5	Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0 5	<u>.00</u>
6	Compare the amounts in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000. 6	<u>.00</u>
7	Rate of credit is .03 (3%). 7	<u>x .03</u>
8	Multiply line 6 by line 7. Fill in here and on line 24 on page 2 of Form 1. 8	<u>.00</u>

Do not fill in more than \$480.



Claimant's social security number 119002222		Spouse's social security number		Check below then fill in either the name of the city, village, or town, and the county in which you lived at the end of 2019. <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town City, village, or town <input checked="" type="checkbox"/> MADISON County of <input checked="" type="checkbox"/> ROCK
Claimant's legal last name WHITE		Claimant's legal first name LILY	M.I.	
Spouse's legal last name		Spouse's legal first name	M.I.	
Current home address (number and street) 1012 MADISON STREET			Apt. no.	
City or post office MADISON		State WI	Zip code 53704	Special conditions <input type="checkbox"/> (See page 10.)

For questions 1a through 1d, see pages 4 and 10 of the instructions.

- 1a** What was your age as of December 31, 2019? (If you were under 18, you do not qualify for homestead credit for 2019.) **1a** Fill in age
- b** What was your spouse's age as of December 31, 2019? **1b** Fill in age
- c** If you and your spouse were under age 62 as of December 31, 2019, were you or your spouse disabled? **1c** Yes No
- d** If you and your spouse were not disabled, and under age 62, did you or your spouse have positive earned income (see page 7) in 2019? (If "No", you do not qualify) **1d** Yes No
- 2** Were you a legal resident of Wisconsin from 1-1-19 through 12-31-19? (If "No," you do not qualify.) **2** Yes No
- 3** Were you claimed or will you be claimed as a dependent on someone else's 2019 federal income tax return? (If "Yes" and you were under age 62 on December 31, 2019, you do not qualify.) **3** Yes No
- 4a** Are you now living in a nursing home? (If "Yes," indicate the date you entered _____ and the nursing home name and address _____) **4a** Yes No
- b** If "Yes," are you receiving medical assistance under Title XIX? (If both 4a and 4b are "Yes," you do not qualify.) **4b** Yes No
- 5** Did you become married or divorced in 2019? (If "Yes," fill in date _____; see pages 22 and 23.) **5** Yes No
- 6a** If married for any part of 2019, did you and your spouse maintain separate homes during any part of the year? (If "Yes," see page 21.) **6a** Yes No
- b** If you and your spouse maintained separate homes while married during 2019, did either spouse notify the other of their marital property income? (See page 21) **6b** Yes No

Print numbers like this → 0 1 2 3 4 5 6 7 8 9 Not like this → Ø 1 4 7 NO COMMAS; NO CENTS

Household Income Include all 2019 income as listed below. If married, include the incomes of both spouses. See pages 10 to 17.

7 Wisconsin income from your 2019 income tax return (see page 11)	7 <u>21685.00</u>
8 If you or you and your spouse are not filing a 2019 Wisconsin return, fill in Wisconsin taxable income on lines 8a and 8b.	
a Wages <u>.00</u> + Interest <u>.00</u> + Dividends <u>.00</u> = . . .	8a <u>.00</u>
b Other taxable income. Attach a schedule listing each income item (see page 11)	8b <u>.00</u>
c Medical and long-term care insurance subtraction. Enter as a negative number	8c <u>.00</u>
9 Nontaxable household income. Do not include amounts filled in on line 7, 8a, or 8b.	
a Unemployment compensation.	9a <u>.00</u>
b Social security, federal and state SSI, SSI-E, SSD, and CTS payments. Include Medicare premium deductions (see page 12)	9b <u>.00</u>
c Railroad retirement benefits. Include Medicare premium deductions	9c <u>.00</u>
d Pensions and annuities, including IRA, SEP, SIMPLE, and qualified plan distributions (see page 13)	9d <u>.00</u>
e Contributions to deferred compensation plans (see box 12 of wage statements, and page 13) . . .	9e <u>.00</u>
f Contributions to IRA, self-employed SEP, SIMPLE, and qualified plans	9f <u>.00</u>
g Interest on United States securities (e.g., U.S. Savings Bonds) and state and municipal bonds . .	9g <u>.00</u>
h Scholarships, fellowships, grants (see page 13), and military compensation or cash benefits	9h <u>.00</u>
i Child support, maintenance payments, and other support money (court ordered)	9i <u>.00</u>
j Wisconsin Works (W2), county relief, kinship care, and other cash public assistance (see page 14) . .	9j <u>.00</u>
10 Add lines 7 through 9j. Enter here and on line 11a, at the top of page 2	10 <u>21685.00</u>



11 a	Enter amount from line 10 here	11a	<u>21685</u>	<u>.00</u>
b	Workers' compensation, income continuation, and loss of time insurance (e.g., sick pay)	11b		<u>.00</u>
c	Gain from sale of home excluded for federal tax purposes (see page 14)	11c		<u>.00</u>
d	Other capital gains not taxable (see page 14)	11d		<u>.00</u>
e	Net operating loss carryforward or carryback and capital loss carryforward (see page 14)	11e		<u>.00</u>
f	Income of nonresident spouse or part-year resident spouse; nontaxable income from sources outside Wisconsin; resident manager's rent reduction; clergy housing allowance; and nontaxable Native American income	11f		<u>.00</u>
g	Partner's, LLC member's, and tax-option (S) corporation shareholder's distributive share of depreciation, Section 179 expense, depletion, amortization, and intangible drilling costs. If none was claimed, write "None" on federal Schedule E, Part II, near the entity's name	11g		<u>.00</u>
h	Car or truck depreciation (standard mileage rate) (see page 15)	11h		<u>.00</u>
i	Other depreciation, Section 179 expense, depletion, amortization, and intangible drilling costs	11i		<u>.00</u>
j	Disqualified losses (see Schedule 4, page 4)	11j		<u>.00</u>
12 a	Subtotal. Add lines 11a through 11j (if less than the total of lines 13, 14a, and 14c, see page 16)	12a	<u>21685</u>	<u>.00</u>
b	Number of qualifying dependents. Do not count yourself or your spouse (see page 16) <u>1</u> x \$500 =	12b	<u>500</u>	<u>.00</u>
c	Household income. Subtract line 12b from line 12a (if \$24,680 or more, no credit is allowed)	12c	<u>21185</u>	<u>.00</u>

Taxes and/or Rent See pages 17 to 19.

A	Check here if your home was located on more than one acre of land and was not part of a farm; see Schedule 1, page 3	A	<input type="checkbox"/>
B	Check here if your home was located on more than one acre of land and was part of a farm	B	<input type="checkbox"/>
C	Check here if your home was used for other than personal or farm purposes while you lived there in 2019; see Schedule 2, page 3	C	<input type="checkbox"/>
D	Check here if you received Wisconsin Works (W2) payments or county relief during 2019; see Schedule 3, page 3	D	<input type="checkbox"/>
13	Homeowners – Net 2019 property taxes on your homestead, whether paid or not	13	<u>.00</u>
14	Renters—Rent from your rent certificate(s), line 8a (or Shared Living Expenses Schedule). See pages 17 to 19.		
	Heat included (8b of rent certificate is "Yes")	14a	<u>6300.00</u> x .20 (20%) = 14b <u>1260</u> <u>.00</u>
	Heat not included (8b of rent certificate is "No")	14c	<u>.00</u> x .25 (25%) = 14d <u>.00</u>
15	Total of lines 13, 14b, and 14d (or amount from line 6 of Schedule 3)	15	<u>1260</u> <u>.00</u>

Don't delay your refund. Attach all necessary documents. See page 20.

Credit Computation

16	Fill in the smaller of (a) amount on line 15 or (b) \$1,460	16	<u>1260</u>	<u>.00</u>
17	Using the amount on line 12c, fill in the appropriate amount from Table A (page 24)	17	<u>1157</u>	<u>.00</u>
18	Subtract line 17 from line 16 (if line 17 is more than line 16, fill in 0; no credit is allowable)	18	<u>103</u>	<u>.00</u>
19	Homestead credit – Using the amount on line 18, fill in the credit from Table B (page 25)	19	<u>84</u>	<u>.00</u>

If filing a Wisconsin income tax return, fill in your homestead credit (line 19) on line 39 of Form 1 or line 64 of Form 1NPR.

Under penalties of law, I declare this homestead credit claim and all attachments are true, correct, and complete to the best of my knowledge and belief.

Sign Here 	Claimant's signature	Spouse's signature	Date	Daytime phone number
				(608) 965-6889

Mail to:
 Wisconsin Department of Revenue
 PO Box 34
 Madison WI 53786-0001



DON'T file this claim **UNLESS** a rent certificate or property tax bill (or closing statement) is included.

For Department Use Only

C

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Rent Certificate

2019

Wisconsin Department of Revenue

NOTE:

- Attach to Schedule H or H-EZ
- Alterations (whiteouts, erasures, etc.) or errors **void** this rent certificate.
- Only attach rent certificate if filing a homestead credit claim



■ Renter (Claimant) – Enter Social Security Number AFTER your landlord fills in section below and signs.

Legal last name WHITE	Legal first name LILY	M.I.	Social security number 119 00 1234	
Address of rental property (property must be in Wisconsin) 1012 MADISON STREET		City MADISON	State WI	Zip 53704

Time you actually lived at this address in 2019 **From** 0 1 0 1 **2019** **To** 1 2 3 1 **2019**
M M D D M M D D

Do NOT sign your rent certificate.

If your landlord won't sign, complete fields above and below and lines 1 to 8, attach rent verification (see instructions), and check here.

■ Landlord or Authorized Representative

Name of property owner JANE SMITH		Telephone number (608) 555-1212	
Address 208 DAYTON STREET	City MADISON	State WI	Zip 53704

- 1** Is the rental property a long-term care facility, CBRF, or nursing home? **1** Yes No
- 2a** Is the above rental property subject to property taxes? **2a** Yes No
- b** If 2a is "No" and you are a sec. 66.1201 municipal housing authority that makes payments in lieu of taxes, check here **2b**
- 3** Is this certificate for rent of a mobile/manufactured: **a** Home? **3a** Yes No
- b** Home site/Lot? **3b** Yes No
- c** Mobile or manufactured home taxes or municipal permit fees you collected from this renter for 2019 **3c** _____ .00
- 4a** Total rent collected for this rental unit for 2019 – do NOT include amounts received directly from a governmental agency, security deposits, or late fees **4a** 6300.00
- b** If monthly rent paid didn't change during 2019, enter monthly rent paid **4b** 525.00
- c** If monthly rent changed during 2019, enter rent paid for each month below. Do not include security deposits or late fees.
- | | | | |
|------------------|-----------------|-----------------|-----------------|
| Jan. <u>.00</u> | Feb. <u>.00</u> | Mar. <u>.00</u> | Apr. <u>.00</u> |
| May <u>.00</u> | June <u>.00</u> | July <u>.00</u> | Aug. <u>.00</u> |
| Sept. <u>.00</u> | Oct. <u>.00</u> | Nov. <u>.00</u> | Dec. <u>.00</u> |
- 5** Number of occupants in this rental unit – do NOT count spouse or children under 18 **5** 1
- 6** This renter's share of total 2019 rent **6** 6300.00
- 7** Value of food and services provided by landlord (this renter's share) **7** .00
- 8a** Rent paid for occupancy only – Subtract line 7 from line 6 **8a** 6300.00
- b** Was heat included in the rent? **8b** Yes No

■ I certify that the information shown on this rent certificate is true, correct, and complete to the best of my knowledge.

Signature (by hand) of landlord or authorized representative	Date <u> / /</u>	Print name (must match signature)
--	---------------------	-----------------------------------

Homestead Credit Notes and Attachments Checklist

1. Check all boxes that apply.
2. Fill in appropriate spaces.
3. Enter required notes and explanations in #31 data field.
4. When copies of documents are required, attach them to the Form W-RA, Required Attachments for Electronic Filing, that must be submitted.

The Schedule H instruction booklet page number for the description is indicated in the page column.

	Description	Page
<input type="checkbox"/>	1 Former spouse must pay a tax liability owed to the Department of Revenue per attached divorce judgement	6
<input type="checkbox"/>	2 Sources of income reported on Line 8b of Schedule H note is attached	11
<input type="checkbox"/>	3 The distributive share of partnership, limited liability company (LLC), and tax-option (S) corporation depreciation, Section 179 expense, depletion, amortization, and intangible drilling costs is "None"	15
<input type="checkbox"/>	4 Car or truck expenses claimed using the standard mileage rate. Fill in the number of miles _____	15
<input type="checkbox"/>	5 Adjusted basis of car or truck reached zero using standard mileage rate	15
<input type="checkbox"/>	6 Car or truck expenses claimed using the actual expense method	15
<input type="checkbox"/>	7 The computation of gain from the sale or exchange of a principal residence excluded from taxable income under Section 121 of the Internal Revenue Code note is attached.	14
<input type="checkbox"/>	8 Claimant or spouse are age 65 or over and received no social security, SSI, or railroad retirement benefits	13
<input type="checkbox"/>	9 All or part of a pension or annuity distribution includes a rollover or a tax-free exchange	13
<input type="checkbox"/>	10 Nontaxable repaid amounts note is attached	12
<input type="checkbox"/>	11 Very little or no household income note is attached	16
<input type="checkbox"/>	12 Ownership of property document is attached	17
<input type="checkbox"/>	13 Partial ownership interest was inherited with terms of the will requiring payment of all the property taxes. Copy of will is attached.	17
<input type="checkbox"/>	14 Personal property tax bill is for a mobile or manufactured home	17
<input type="checkbox"/>	15 Two or more property tax bills. Drawing showing description, size, and location of each parcel is attached	17
<input type="checkbox"/>	16 No lottery and gaming credit on property tax bill. Fill in the amount claimed \$ _____	17
<input type="checkbox"/>	17 No lottery and gaming credit on property tax bill. Lottery and gaming credit not claimed by homeowner.	18
<input checked="" type="checkbox"/>	18 Landlord will not sign rent certificate. Rent verification is attached	18
<input type="checkbox"/>	19 Claimant moved during the year. Note of the address of each dwelling and the dates lived there is attached	18
<input type="checkbox"/>	20 Less than 12 month's property taxes and/or rent are claimed. Note of where claimant lived for the balance of the year is attached	18
<input type="checkbox"/>	21 When more than one acre of land is rented, note from landlord indicating the amount of rent for home and one acre of land is attached	19
<input type="checkbox"/>	22 Moved to tax-exempt housing. Claiming property taxes for up to 12 months after the move note is attached.	19
<input type="checkbox"/>	23 Married but separated all year: Claimant and spouse did not reside together at all during the year and neither the claimant or claimant's spouse notified each other of marital property income	21
<input type="checkbox"/>	24 Married but separated all year: Claimant and spouse did not reside together at all during the year and one or both spouses notified the other spouse of marital property income. Required information is attached	21
<input type="checkbox"/>	25 Married but separated part of year: Required information is attached.	21
<input type="checkbox"/>	26 Marriage took place during year: Required information is attached.	22
<input type="checkbox"/>	27 Divorce took place during year: Claimant and spouse did not reside together at all during the year and neither the claimant or claimant's spouse notified each other of marital property income	23
<input type="checkbox"/>	28 Divorce took place during year: Claimant and spouse did reside together for part of the year and/or one or both spouses notified the other spouse of marital property income. Required information is attached.	23
<input type="checkbox"/>	29 Spouse died during year: Date of death - ____ / ____ / 2019	23
<input type="checkbox"/>	30 Claimant resided in property address shown on tax bill but used a different mailing address on tax return.	-
<input type="checkbox"/>	31 Required notes and explanations in following data fields	-
